



City of San Angelo, Texas – Planning Division
52 West College Avenue
**Application to Abandon Right-of-way for
Street(s) and/or Alley(s)**



Section 1: Basic Information

Name of Applicant(s): _____

Owner Representative (Affidavit Required)

Mailing Address _____ City _____ State _____ Zip Code _____

Contact Phone Number _____ Contact E-mail Address _____

Subject Property Address _____ City _____ State _____ Zip Code _____

Legal Description (*can be found on property tax statement or at www.tomgreencad.com*) _____

Lot Size: _____ Zoning: _____

Section 2: Site Specific Details

Subdivision Name: _____

Lots and/or Blocks Affected*: _____

General Description of Location*: _____

Reason for Abandonment*: _____

*Use attachment if necessary.

Section 3: Applicant's acknowledgement

I/We the undersigned acknowledge that the information provided above is true and correct.

Signature of licensee or authorized representative
affirming the truth of the above statement.

Date

Printed name of licensee or authorized representative

Name of business/Entity of representative

FOR OFFICE USE ONLY:

Date of Application: ____/____/____

Non-Refundable Fee: \$ _____ Receipt #: _____ Date paid: ____/____/____

Date of hearing by Planning Commission: ____/____/____ Date of hearing by City Council: ____/____/____

Reviewed/Accepted by: _____